

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Coila</u>	BUREAU OF VITAL STATISTICS <u>113</u>	State Index No. <u>839</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>145</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or _____	(No. _____ St; _____ Ward)		
City of _____			
FULL NAME OF CHILD <u>Wilford William Sanders.</u>		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive } NO	
Sex of Child <u>Male</u>	Twin, Triplet or other <u>One</u>	and {	Number in order of birth <u>1</u>
			Legitimate? <u>Yes</u>
			Date of Birth <u>June 10</u> 191 <u>5</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>William Jackson Sanders</u>		Full Maiden Name <u>Loelle Black</u>	
Residence <u>Miami, Ariz.</u>		Residence <u>Miami, Ariz.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)
Birthplace <u>New Mexico</u>		Birthplace <u>New Mexico</u>	
Occupation <u>Teamster</u>		Occupation <u>House wife</u>	
Number of child of this mother <u>5</u>		Number of children, of this mother, now living <u>5</u>	
Were precautions taken against Ophthalmia neonatorum? _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>June 10</u> 191 <u>5</u> , at <u>1:30 P.</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191 <u>5</u>		(Signature) <u>B. W. Hardy M. O.</u>	
		(Attending physician, midwife, householder, etc.)	
		Address <u>Miami, Ariz.</u>	
		John H. Lacy	
		LOCAL REGISTRAR	
COUNTY REGISTRAR. _____		A True Copy _____	
		FILED <u>July 5</u> 191 <u>5</u>	
		COUNTY REGISTRAR. _____	